

NA 04-0215-C H/H Wright v Barnhart  
Judge David F. Hamilton

Signed on 07/25/05

**NOT INTENDED FOR PUBLICATION IN PRINT**

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
NEW ALBANY DIVISION

THOMAS WRIGHT,	)	
	)	
Plaintiff,	)	
vs.	)	NO. 4:04-cv-00215-DFH-WGH
	)	
JO ANNE B.	)	
BARNHART, COMMISSIONER OF THE	)	
SOCIAL SECURITY ADMINISTRATION,	)	
	)	
Defendant.	)	

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
NEW ALBANY DIVISION

THOMAS WRIGHT,	)	
	)	
Plaintiff,	)	
	)	
v.	)	CASE NO. 4:04-CV-0215-DFH-WGH
	)	
JO ANNE B. BARNHART,	)	
Commissioner of the Social	)	
Security Administration,	)	
	)	
Defendant.	)	

ENTRY ON JUDICIAL REVIEW

Plaintiff Thomas Wright seeks judicial review of a final decision by the Commissioner of Social Security denying his application for disability insurance benefits. Acting for the Commissioner, Administrative Law Judge (“ALJ”) Larry A. Temin found that Mr. Wright was not disabled under the Social Security Act because he retained the residual functional capacity to perform a significant range of sedentary work. Mr. Wright contends that the ALJ erred in failing to consider relevant medical evidence, in assessing his credibility, and in failing to articulate adequately his reasons for rejecting relevant evidence. As explained below, the ALJ’s decision complies with the law and is supported by substantial evidence. Accordingly, the ALJ’s decision is affirmed.

*Mr. Wright’s Condition and Case*

Thomas Wright was born August 20, 1964. He was 35 years old on the alleged disability onset date of August 29, 1999 and was 38 years old when the ALJ denied his application for Social Security benefits in July 2003. R. 17. Mr. Wright completed his high school education. He has worked as a forklift driver, auto parts salesman, gas station attendant, and auto mechanic. Mr. Wright stopped working on August 29, 1999 after he suffered a back injury while working as forklift operator at the Lowe's Distribution Center in North Vernon, Indiana.

Two MRIs taken of the lumbosacral spine on September 29, 1999 and October 11, 1999 revealed Grade II spondylothesis of L5 on S1, complete loss of disc space, and changes of discogenic sclerosis, as well as bilateral pars defects and occult spina bifida at L5. R. 127. Mr. Wright underwent physical therapy for several months following the injury. R. 184.

Mr. Wright saw Dr. David O'Brien at Orthopaedics Indianapolis on November 16, 1999. R. 158. Dr. O'Brien recommended a lumbar stabilization physical therapy program, and if Mr. Wright had not improved within three to four weeks, they would then discuss surgical options. R. 159. On December 7, 1999, Dr. David Schwartz, also from Orthopaedics Indianapolis, recommended that Mr. Wright undergo a surgical procedure to help alleviate his symptoms. R. 153. On January 31, 2000, Mr. Wright underwent surgery for anterior posterior L4-5, L-5, S-1 decompression and fusion. R. 129.

Mr. Wright had several post-surgical consultations with Dr. Schwartz, including on February 22, April 18, May 30, and August 15, 2000. R. 147-51. During these consultations, Dr. Schwartz noted that Mr. Wright's back and leg pain had significantly improved. On August 15, 2000, the only pain Mr. Wright continued to have was "over his left anterior thigh in the distribution of his lateral femoral cutaneous nerve." R. 147.

On September 12, 2000, Dr. Schwartz stated Mr. Wright had done "really very, very well," and that he had reached his maximum medical improvement. R. 146. Based on American Medical Association guidelines, Dr. Schwartz gave Mr. Wright a 9% impairment of the whole person for the lumbar spine at one level, plus an additional 1% for the second level, for a total 10% impairment of the whole person. *Id.*

Following his surgery, Mr. Wright also attended physical therapy. See R. 166, 172. On August 28, 2000, the physical therapist reported that Mr. Wright had a 25-pound lifting restriction and was restricted from bending and twisting, as well as from sitting or standing for more than 30 minutes at a time. Mr. Wright was discharged from physical therapy on September 27, 2000. R. 167.

On November 5, 2001, Mr. Wright consulted with Dr. Mehmet Akaydin, Jr. R. 303. Dr. Akaydin instructed Mr. Wright to continue following instructions given to him by prior doctors, including lifting restrictions. R. 306. Mr. Wright told Dr. Akaydin he would "love to go back to work," but his employer did not have

work for him because of his weight restriction. *Id.* Dr. Akaydin noted that with appropriate training, Mr. Wright would be capable of performing numerous forms of both sedentary and mild to moderately strenuous employment. *Id.*

Mr. Wright was seen at Jennings Family Care Clinic on December 12, 2001 and January 29, 2002. R. 333-34. On December 12, 2001, the provider at Jennings Family Care Clinic diagnosed Mr. Wright with “low back pain.” R. 334. On January 29, 2003, the provider at Jennings Family Care Clinic performed a “superficial examination” for Medicaid eligibility. R. 333.

Dr. A. Dobson, a state agency physician, reviewed Mr. Wright’s records and estimated a residual functional capacity. R. 3, 308. The assessment found Mr. Wright could occasionally lift 20 pounds, frequently lift 10 pounds, stand and/or walk (with normal breaks) 6 hours in an 8-hour work day, sit (with normal breaks) 6 hours in an 8-hour work day, and push/pull with no restrictions other than lifting restrictions. R. 309.

On October 1, 2002, a chiropractor, Marian Klaes-Lanham, DC, evaluated Mr. Wright “at his request for my opinion as to his ability to pursue gainful employment.” R. 330. Mr. Wright told Ms. Klaes-Lanham that he was experiencing severe lower back pain, the pain had increased since his back surgery in 2000, his left leg sometimes gave out when walking, and he sometimes fell due to pain and weakness. *Id.* Ms. Klaes-Lanham reported that Mr. Wright’s

condition was permanent, his overall diagnosis poor, and his prospects for finding gainful employment were unlikely. R. 331. She recommended that Mr. Wright not pursue employment. *Id.*

Mr. Wright applied for disability insurance benefits on September 24, 2001. R. 16. His claim was denied initially and on reconsideration, and Mr. Wright filed a timely request for a hearing before an ALJ. Mr. Wright appeared and testified at a hearing held on May 21, 2003 before ALJ Temin. Janet Chapman testified as a vocational expert.

The ALJ issued a decision on July 22, 2003, finding Mr. Wright not disabled. R. 24. Mr. Wright subsequently filed a Request for Review, which the Appeals Council denied on September 17, 2004. R. 5. The ALJ's decision is treated as the final decision of the Commissioner. *Smith v. Apfel*, 231 F.3d 433, 437 (7th Cir. 2000); *Luna v. Shalala*, 22 F.3d 687, 689 (7th Cir. 1994). This court has jurisdiction pursuant to 42 U.S.C. § 405(g).

#### *Statutory Framework for Determining Disability*

To be eligible for the disability insurance benefits he seeks, Mr. Wright must establish that he was unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that could be expected to result in death or that had lasted or could be expected to last for a continuous period of not less than 12 months. 42 U.S.C. § 423 (d). This showing

would be presumed if Mr. Wright's impairments met or medically equaled any impairment listed in Part 404, Subpart P, Appendix 1 of the implementing regulations, and if the duration requirement were met. 20 C.F.R. § 404.1520(d). Otherwise, Mr. Wright can establish disability only if his impairments were of such severity that he was unable to perform not only the work he had previously done, but also any other kind of substantial work existing in the national economy. 20 C.F.R. § 404.1520(f) and (g).

This eligibility standard is stringent. The Act does not contemplate degrees of disability or allow for an award based on partial disability. *Stephens v. Heckler*, 766 F.2d 284, 285 (7th Cir. 1985). The Act provides important assistance for some of the most disadvantaged members of American society. But before tax dollars – including tax dollars paid by others who work despite serious and painful impairments – are available as disability benefits, it must be clear that a claimant has an impairment severe enough to prevent him from performing virtually any kind of work. Under the statutory standard, these benefits are available only as a matter of nearly last resort.

The implementing regulations for the Act provide the familiar five-step process to evaluate disability. See 20 C.F.R. § 404.1520(a)(4). The steps are as follows:

- (1) Is the claimant engaged in substantial gainful activity? If so, he is not disabled.

- (2) If not, does the claimant have a severe impairment or combination of impairments? If not, he is not disabled.
- (3) If so, does the impairment meet or equal an impairment listed in the regulations? If so, the claimant is disabled.
- (4) If not, can the claimant do his past relevant work? If so, he is not disabled.
- (5) If not, can the claimant perform other work in the national economy given his residual functional capacity, age, education, and experience? If not, he is disabled.

When applying this test, the burden of proof is on the claimant for the first four steps and on the Commissioner for the fifth step. *Zurawski v. Halter*, 245 F.3d 881, 886 (7th Cir. 2001).

The ALJ found that Mr. Wright satisfied step one because he had not engaged in any substantial gainful activity since the alleged onset of disability. At step two, the ALJ found that Mr. Wright's degenerative disc disease of the lumbosacral spine and his history of decompression and fusion surgery, combined with "borderline intellectual functioning," were severe impairments within the meaning of the regulations. R. 20. At step three, the ALJ found that Mr. Wright's impairments did not meet or equal any of the listed impairments in Subpart P, Appendix 1 of the regulations. At step four, the ALJ found that Mr. Wright was unable to perform any of his past relevant work. At step five, the ALJ found that Mr. Wright had a residual functional capacity to perform a significant range of sedentary work, and that there were a significant number of jobs in the national economy that he could perform.



### *Standard of Review*

If the Commissioner's decision is supported by substantial evidence, it must be upheld by a reviewing court. 42 U.S.C. § 405(g); *Maggard v. Apfel*, 167 F.3d 376, 379 (7th Cir. 1999). Substantial evidence is "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion." *Diaz v. Chater*, 55 F.3d 300, 305 (7th Cir. 1995), quoting *Richardson v. Perales*, 402 U.S. 389, 401 (1971). To determine whether substantial evidence exists, the court reviews the record as a whole, but does not attempt to substitute its judgment for the ALJ's judgment by reweighing the evidence, resolving material conflicts, or reconsidering the facts or the credibility of witnesses. *Cannon v. Apfel*, 213 F.3d 970, 974 (7th Cir. 2000); *Luna*, 22 F.3d at 689. The court must examine the evidence that favors the claimant as well as the evidence that supports the Commissioner's conclusion. *Zurawski*, 245 F.3d at 888. Where conflicting evidence allows reasonable minds to differ as to whether a claimant is entitled to benefits, the court must defer to the Commissioner's resolution of that conflict. *Binion v. Chater*, 108 F.3d 780, 782 (7th Cir. 1997). A reversal and remand may be required, however, if the ALJ committed an error of law, *Nelson v. Apfel*, 131 F.3d 1228, 1234 (7th Cir. 1997), or if the ALJ based the decision on serious factual mistakes or omissions. *Sarchet v. Chater*, 78 F.3d 305, 309 (7th Cir. 1996).

### *Discussion*

Mr. Wright advances four arguments: (1) the ALJ improperly discounted the chiropractor's opinion; (2) the ALJ failed to evaluate medical records submitted after the hearing concerning treatment Mr. Wright received at a pain clinic; (3) the ALJ erred in his credibility determination by failing to explain adequately what evidence was inconsistent with Mr. Wright's statements concerning the intensity and persistence of pain and other symptoms; and (4) the ALJ failed to explain adequately his reasons for rejecting evidence.

I. *The Chiropractor's Opinion*

Mr. Wright argues that Social Security Rule 96-7p requires the ALJ to consider "other medical sources" and contends that the ALJ erred by disregarding Ms. Klaes-Lanham's statements pertaining to Mr. Wright's residual functional capacity. The ALJ stated:

The undersigned accords little weight to this assessment as it is not from an acceptable medical source that is defined in Social Security law and regulations and is not consistent with the record as a whole.

R. 19.

A chiropractor is not an "acceptable medical source" for these purposes. Social Security regulations define "acceptable medical sources" as the following: (1) licensed physicians (medical or osteopathic doctors); (2) licensed or certified psychologists; (3) licensed optometrists, for the measurement of visual acuity and visual fields; (4) licensed podiatrists, for the purpose of establishing impairments

of the foot and ankle only; and (5) qualified speech-language pathologists, for the purposes of establishing speech and language impairments only. 20 C.F.R. § 404.1513(a)(1)-(5).

The ALJ may consider “other sources,” which may include chiropractors.

The Social Security regulations also state:

Other sources. In addition to evidence from the acceptable medical sources listed in paragraph (a) of this section, we may also use evidence from other sources to show the severity of your impairments and how it affects your ability to work.

20 C.F.R. § 404.1513(d). The Social Security regulations, in distinguishing “acceptable” medical sources from “other” medical sources, do not require the adjudicator to give a minimum level of weight to the opinion of a chiropractor. *Diaz v. Shalala*, 59 F.3d 307, 314 (2d Cir. 1995).

Furthermore, the ALJ has discretion to weigh conflicting opinions. *Caviness v. Apfel*, 4 F. Supp. 2d 813, 824 (S.D. Ind. 1998). In some instances, a treating source’s opinion should be given controlling weight, but only if it is consistent with other substantial evidence in the case record. 20 C.F.R. § 404.1527(d)(2). An ALJ may discount a treating source’s opinion if it is inconsistent with the opinion of a consulting physician, or if the treating source’s opinion is internally inconsistent, as long as the ALJ “minimally articulate[s] his reasons for crediting or rejecting evidence of disability.” *Skarbek v. Barnhart*,

390 F.3d 500, 503 (7th Cir. 2004), citing *Clifford v. Apfel*, 227 F.3d 863, 871 (7th Cir. 2000).

Substantial evidence supports the ALJ's conclusion that Ms. Klaes-Lanham's opinions were not supported by the objective medical evidence and were inconsistent with other evidence. Ms. Klaes-Lanham's only evaluation of Mr. Wright occurred on October 1, 2002, more than two years after the surgery. R. 330. During this visit, Mr. Wright informed Ms. Klaes-Lanham that he was experiencing constant back pain, and that the "pain intensified following a back surgery in 2000." *Id.* Yet, as the ALJ noted, the medical records of Dr. Schwartz following Mr. Wright's surgery revealed that Mr. Wright had done very well following the surgery, and that his only pain was over the left anterior thigh. R. 19, 146-51.

Ms. Klaes-Lanham reported that Mr. Wright could not perform the heel walk on the left foot. R. 330. Yet Dr. Akaydin had noted that Mr. Wright was "able to tandem, toe and heel walk quite well." R. 305. Dr. Akaydin further noted that Mr. Wright's gait and ambulation were normal, and that he did not use any assistive devices when walking. *Id.*

Ms. Klaes-Lanham also reported it was unlikely Mr. Wright could walk or stand for more than 15-20 minutes at a time. R. 330. She recommended that Mr. Wright not pursue any employment. Yet the state agency physician found that

Mr. Wright could stand and/or walk with normal breaks for about 6 hours in an 8-hour workday, and sit with normal breaks for a total of 6 hours in an 8-hour workday. R. 309. No physician had found that Mr. Wright's case warranted restrictions as severe as those recommended by Ms. Klaes-Lanham. Accordingly, substantial evidence supports the ALJ's determination that Ms. Klaes-Lanham's opinion was inconsistent with other evidence on the record. The ALJ acted within his discretion in not giving her opinion controlling weight. 20 C.F.R. § 404.1527(c)(2).

## II. *Late Medical Records*

The ALJ held the record open after the May 21, 2003 hearing for 30 days to give Mr. Wright a chance to submit records of pain treatments he had received in May. The ALJ then extended that time another 20 days, until July 16, 2003. R. 376-77. The records had not been received by that deadline. The ALJ then issued his decision on July 22, 2003, the same day that Mr. Wright's attorney mailed the records to the ALJ. See R. 352. In his opinion, the ALJ wrote:

Although the record was kept open for receipt of additional records relating to pain management treatment, this has not been received through the date of this decision. The undersigned must conclude either that the claimant has not undergone such treatment or the records of those treatments are not favorable to this case.

R. 20.

Mr. Wright argues that the ALJ erred and he invites the court to consider the records, which are included in the record on judicial review.

The court may consider only the evidence that was before the ALJ at the time of his decision. *Luna*, 22 F.3d at 689. If the ALJ did not have the materials to use in formulating his decision, this court cannot use the material as a basis for finding reversible error. *Id.* Material submitted to the Appeals Council after the ALJ's decision will become a part of the administrative record. If the Appeals Council had reviewed the case and had made a decision on the merits, this court could then review the additional materials. *Eads v. Sec'y of Dep't of Health & Human Servs.*, 983 F.2d 815, 817 (7th Cir. 1993). However, where the Appeals Council rejected the request to review the case, material submitted to the Appeals Council after the ALJ's decision cannot be considered by this court. *Id.*

The ALJ did not have the new treatment records before him at the time of his decision, though he held the record open and extended the time for submitting the records. He did not abuse his discretion by issuing his decision a few days after the extended deadline had passed without submission of the records. Even though the Appeals Council received Dr. Melendez's records and made them a part of the administrative record, the Appeals Council denied Mr. Wright's request to review and did not review the case on the merits. R. 8. Therefore, this court may examine only the record before the ALJ at the time of his decision, and cannot take into account the records of Dr. Melendez in evaluating Mr. Wright's case. The ALJ gave the plaintiff a fair opportunity to supplement the record and was entitled to enforce the deadline.

### III. *Credibility Determination*

Mr. Wright also challenges the ALJ's finding that his complaints of pain were not completely credible. Ordinarily, a reviewing court defers to an ALJ's credibility determination. *Indoranto v. Barnhart*, 374 F.3d 470, 474 (7th Cir. 2004). The general rule is that absent legal error, an ALJ's credibility finding will not be disturbed unless "patently wrong." *Powers v. Apfel*, 207 F.3d 431, 435 (7th Cir. 2000); *Diaz v. Chater*, 55 F.3d 300, 308 (7th Cir. 1995).

The ALJ may not disregard a claimant's subjective complaints merely because they are not fully supported by objective medical evidence. SSR 96-7p. However, the ALJ may discount subjective complaints that are inconsistent or conflicting with the evidence as a whole. SSR 96-7p; *Knight v. Chater*, 55 F.3d 309, 314 (7th Cir. 1995). When assessing a claimant's credibility, the ALJ must consider the degree to which a claimant's allegations of pain and other symptoms are consistent with medical signs, laboratory findings, diagnoses, and opinions by treating or examining physicians and other medical sources. SSR 96-7p. Also, the ALJ must explain adequately the reasons behind a credibility finding. *Brindisi v. Barnhart*, 315 F.3d 783, 787 (7th Cir. 2003); SSR 96-7p. Social Security Ruling 96-7p requires an ALJ to go beyond a conclusory statement that a claimant's allegations are not credible. *Brindisi*, 315 F.3d at 787-88.

Mr. Wright claims that the ALJ failed to explain adequately, pursuant to SSR 96-7p, what evidence was inconsistent with his complaints of pain. The court disagrees. The ALJ found that Mr. Wright's statements concerning the intensity and persistence of his pain and other symptoms lacked credibility because they were inconsistent with the evidence as a whole. The ALJ explained:

After carefully weighing the claimant's allegations of disabling limitations against the overall record, the undersigned concludes that they are not completely credible. The claimant's surgical procedures were successful. Though he has some residuals, no additional surgery has been recommended. His surgeon released him from treatment more than two years ago . . . .

He successfully completed a physical therapy and home exercise program following his surgery. His physical therapist indicated that he could lift up to 25 pounds and that he could stand and sit, but not more than 30 minutes without a break. He is neurologically intact, able to perform a wide variety of orthopedic maneuvers and walks without assistive device.

The claimant [has] not taken any narcotic or other strong pain medications for years and does not describe any work preclusive adverse medication side effects at any time in the relevant period. He has indicated that home exercises are successful. Although the claimant now alleges extremely limited daily activities, this is at odds with earlier statements by his wife and himself.

R. 20.

The ALJ discussed the objective medical evidence in detail. The ALJ discussed the consultations Mr. Wright had with Dr. Schwartz concerning Mr. Wright's condition before, during, and after his surgery. R. 18. The ALJ stated:

On his August 2000 followup, Dr. Schwartz said his patient was doing fantastically well, with only a little pain in the left anterior



thigh, that he thought might be due to scar tissue affecting a nerve. (Exhibit 4F, p. 2).

*Id.* The ALJ discussed Mr. Wright's physical therapy, and noted:

The claimant also participated in physical therapy following his surgeries. By June 13, 2000, it was reported that he was doing well and had walked four blocks the previous day (Exhibit 5F, p. 49). Physical therapy notes throughout June, July and August 2000 show continuing good progress by the claimant, who related he was also following up with home exercises. By August 28, the therapy report showed that the claimant could perform most activities except for lifting over 25 pounds, bending, twisting and sitting/standing for more than 30 minutes at a time. (Exhibit 5F, p. 31).

*Id.* In addition to discussing treatment by several other providers, the ALJ noted that Dr. Akaydin found that Mr. Wright's spine was not tender to palpation, and that Mr. Wright could walk normally and did not use assistive devices. The ALJ also noted that Mr. Wright told Dr. Akaydin that he wanted to return to work, but his employer did not have any work with the 25 pound lifting restriction. R. 19. This statement was at odds with Mr. Wright's statements at his hearing before the ALJ, where he stated he had not looked for any work since his injury, and he did not think he could do a job that involved sitting for the most of the day. R. 402.

Mr. Wright asserts that the ALJ incorrectly characterized Exhibit 5E as being his wife's observations, when in fact Exhibit 5E was his mother's observations.<sup>1</sup> In Exhibit 5E, on October 4, 2001, "Linda Wright" reported that

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<sup>1</sup>The ALJ's mis-characterization of Mr. Wright's mother is a harmless error. Both Mr. Wright's mother and wife are relatives and have personal knowledge of (continued...)

Mr. Wright performed, on a daily or weekly basis, the following: cooking, laundry, driving, reading, care of children, and sometimes house cleaning. R. 91. She wrote, “His wife works and he cooks the supper.” *Id.* However, in Exhibit 6E, on October 25, 2001, Mr. Wright reported that he did not cook, do laundry, or do any house cleaning. R. 95. During the hearing before the ALJ, Mr. Wright testified that he does not go grocery shopping, nor does he cook, do the dishes, and or do any household chores. R. 401.

During the state agency evaluation on November 27, 2001, the consultant noted that Mr. Wright “drives, helps around [the] house with chores and children.” R. 328. Regardless of the ALJ’s mistake about Exhibit 5E’s author, the ALJ adequately determined that Mr. Wright lacked credibility in saying that he did not do household chores. R. 21. See *Barnett v. Barnhart*, 381 F.3d 664, 670 (7th Cir. 2004), citing *Jens v. Barnhart*, 347 F.3d 209, 213 (7th Cir. 2003) (explaining that an ALJ’s credibility determination will not be overturned unless it is “patently wrong” and not supported by the record).

The ALJ applied the appropriate standard for evaluating a claimant’s symptoms. 20 C.F.R. § 404.1529. This regulation tells the adjudicator to consider the claimant’s symptoms, but only to the extent they are consistent with objective medical evidence. Because the subjective statements were inconsistent

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<sup>1</sup>(...continued)  
Mr. Wright and his condition.

with the record as a whole, the ALJ acted according to the appropriate legal standard when he discounted Mr. Wright's statements. SSR 96-7p; *Knight*, 55 F.3d at 314.

Finally, the ALJ adequately articulated the reasons behind his credibility finding. In distinguishing Exhibit 5E from Mr. Wright's testimony at the hearing, the ALJ wrote:

In October 2001, Ms. Wright said her husband cooked, did laundry, drove a car and cared for his children (Exhibit 5E). This same month, the claimant said he did not do household chores but that he read, watched television and visited with friends and family (Exhibit 6E). On several occasions the claimant has said that he would return to work for his former employer but that they do not have a job consistent with his 25 pound lifting restriction. This certainly suggests that the claimant himself believes he is capable of sustained work activity that does not involve heavy lifting. The undersigned concludes that these statements and activities are consistent with the capacity to perform a range of sedentary work.

R. 21. The ALJ provided much more than a one-sentence dismissal of the claimant's allegations. The ALJ adequately articulated the reasons behind his credibility finding.

#### IV. *Discussion of Evidence*

The ALJ has a duty to acknowledge potentially decisive evidence. *Brindisi v. Barnhart*, 315 F.3d at 786. An ALJ is required to account for all medical evidence that is credible and supported by clinical findings. *Nelson v. Apfel*, 131 F.3d 1228, 1237 (7th Cir. 1997). Although the ALJ need not provide a written evaluation of every piece of evidence that is presented, *Steward v. Bowen*, 858 F.2d 1295, 1299 (7th Cir. 1988), if the ALJ "were to ignore an entire line of

evidence, that would fall below the minimal level of articulation required.” *Carlson v. Shalala*, 999 F.2d 180, 181 (7th Cir. 1993).

Mr. Wright argues that the ALJ did not consider statements made by his mother that indicate it took him an extended period of time to complete certain activities, or that he sometimes fell because his leg gave out on him. Mr. Wright also argues that the ALJ failed to consider statements by his wife indicating that he did not cook or do laundry.

The ALJ does not need to provide a written evaluation of every medical record or every statement given by a witness. *Steward*, 858 F.2d at 1299. As such, the ALJ did not need to discuss every statement that Mr. Wright’s mother and wife had made.

The ALJ is required to address all relevant lines of evidence. *Carlson*, 999 F.2d at 181. The relevant lines of evidence the ALJ needed to discuss were Mr. Wright’s back pain and the limitations that pain imposed upon him.

The ALJ specifically addressed Mr. Wright’s issues of pain. As discussed above in Part III, the ALJ did so in considerable detail. The ALJ specifically addressed Mr. Wright’s impairment, symptoms, and the degree of debilitation they imposed, and reached a reasonable decision supported by substantial evidence. The ALJ did not ignore an entire line of evidence.

*Conclusion*

Because the ALJ's decision was consistent with the law and supported by substantial evidence, the Commissioner's decision is affirmed. Final judgment will be entered accordingly.

So ordered.

Date: \_\_\_\_\_

\_\_\_\_\_  
DAVID F. HAMILTON, JUDGE  
United States District Court  
Southern District of Indiana

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